

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155154	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/05/2023
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NAME OF PROVIDER OR SUPPLIER SPRING MILL MEADOWS	STREET ADDRESS, CITY, STATE, ZIP COD 2140 W 86TH ST INDIANAPOLIS, IN 46260
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00417899, IN00418017, IN00418345 and IN00418427. This visit included a COVID-19 Focused Infection Control Survey.</p> <p>Complaint IN00417899 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00418017 - No deficiencies related to the allegations are cited.</p> <p>Complaint IN00418345 - Federal/State deficiencies related to the allegations are cited at F686.</p> <p>Complaint IN00418427 - No deficiencies related to the allegations are cited.</p> <p>Survey dates: October 3, 4 and 5, 2023</p> <p>Facility number: 000074 Provider number: 155154 AIM number: 100290050</p> <p>Census bed type: SNF: 11 SNF/NF: 68 Total: 79</p> <p>Census payor type: Medicare: 18 Medicaid: 47 Other: 14 Total: 79</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2-3.1.</p>	F 0000	<p>Please accept State Form 2567, Plan of Correctio, for the Complaint survey that was conducted on October 5, 2023. The facility requests that the 2567 serve as the letter of credible allegation of compliance. The facility also respectfully requests a desk review in lieu of a past survey revisit on or after November 2, 2023. Thank you for your consideration of these requests.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Cynthia Marker-Kump	Executive Director	11/02/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosed days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0686 SS=D Bldg. 00	<p>Quality review was completed on October 16, 2023.</p> <p>483.25(b)(1)(i)(ii) Treatment/Svcs to Prevent/Heal Pressure Ulcer</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers.</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and</p> <p>(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.</p> <p>Based on observation, interview and record review, the facility failed to ensure interventions were being used to prevent a potential decline to a resident's bilateral heel pressure ulcers for 1 of 3 residents reviewed for pressure ulcers. (Resident M)</p> <p>Finding includes:</p> <p>During a room tour, on 10/3/23, the following observations were made:</p> <p>At 12:36 p.m., Resident M was observed lying in his bed on his back. Two Prevalon boots and two pillows were lying in a chair at the foot of the bed. LPN 1 indicated Resident M had bilateral heel wounds. She indicated, at that time, he should have had his Prevalon boots on. She left the room indicating she would return.</p>	F 0686	<p>F686 It is the policy of this facility to ensure interventions are used to prevent a potential decline to a resident's bilateral heel pressure ulcers.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Resident M discharged on October 21, 2023</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? Residents with heel wounds</p>	11/01/2023

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	<p>At 12:46 p.m., LPN 1 returned with LPN 3. LPN 3 raised the sheet up, uncovering Resident M's feet and held them up for both of his heel wounds to be observed. His heels were lying flat on the bed, on a white bath towel, with a brown liquid stained on it, without anything else under his ankles to raise his heels off the bed. The balls of his feet were touching the foot of the bed, up against the hanger for the low air loss mattress control box, at the foot of the bed. LPN 1 and LPN 3 raised him up in bed. Resident M's heel wounds were both black and had a brown substance surrounding the outside of the wounds on his skin (the peri wound). LPN 3 indicated his wounds were unstageable and he received Betadine (a brown liquid used to dry wounds out and keep wounds from becoming infected) to his heel wounds daily and the resident often refused his Prevalon boots. The resident was asked if he would wear his Prevalon boots and he indicated he would if they would put them on. LPN 3 placed the Prevalon boots on the resident without any refusal from the resident. During the conversation with the resident, the Director of Nursing (DON) came into the room.</p> <p>At 12:51 p.m., the DON indicated Resident M refused his Prevalon boots, but he would allow staff to place pillows under his heels when he did not want to wear the boots, so the pillows should have been under his heels. The DON was informed at that time, the boots and two pillows were both in the chair when the surveyors and LPN 1 walked into his room.</p> <p>The record for Resident M was reviewed on 10/4/23 at 3:45 p.m. Diagnoses included, but were not limited to, type II diabetes mellitus, anemia, cognitive communication deficit, gastrostomy</p>		<p>have the potential to be affected by this alleged deficient practice.</p> <p>DNS/designee completed a full house audit of residents with heel wounds to ensure appropriate interventions / care plans in place and updated.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>The Nurse Management team/designee will round to ensure preventative measures prescribed are in place for residents with heel wounds.</p> <p>Nursing staff will be educated on the facility skin management protocol by the DNS/designee by 10-31-2023.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>Weekly nursing QA tool will be utilized daily x 4 weeks, weekly x 4 weeks, monthly thereafter for 6 months with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director.</p> <p>If a threshold of 95% is not achieved, an action plan will be developed to ensure compliance.</p>	

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	<p>status, pain, severe protein-calorie malnutrition, dementia, Barrett's esophagus with dysplasia, and acute kidney failure.</p> <p>A wound progress note, dated 6/28/23 at 11:00 a.m., indicated the visit was for the initial wound assessment. The resident had multiple wounds noted on admission. He had pressure wounds, which included, but were not limited to, both his heels. The left heel wound was classified as an unstageable wound (full thickness tissue loss in which the base of the ulcer was covered by slough) (dead tissue in the process of separating from viable tissue) (yellow, tan, gray, green, or brown) and/or eschar (thick and leathery dead tissue) (tan, brown or black) in the ulcer bed.</p> <p>Note: until enough slough or eschar was removed to expose the base of the ulcer, the true depth and therefore stage, would be determined. Eschar on the heels served as the body's natural (biological) cover and should not be removed. Wound measured 4 centimeters (cm) length x 3 cm width x 0 cm depth. No drainage. There was a large amount (67-100%) of necrotic tissue including eschar in the wound bed. The right heel wound was classified as an unstageable wound. The wound measured 5 cm long x 5.5 cm wide x 0 cm deep. No drainage was present. There was a large amount (67-100%) of necrotic including eschar in the wound bed. The treatment for the heel wounds was to apply Betadine daily and to always offload. The offloading plan was to use a low air loss mattress, ROHO or equivalent to his wheelchair, reposition routinely, Prevalon boots or equivalent, and Float heels/ankles with pillows or heels-up under calves while in bed. The resident was extremely debilitated with signs of muscle wasting, he did not move much on his own and he was a high risk for developing more wounds. All preventative measures were put into</p>		Date of correction: 11-1-23	

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	<p>place.</p> <p>A wound progress note, dated 10/4/23 at 8:00 a.m., indicated Resident M had been admitted to hospice care. The left heel wound was classified as an unstageable wound caused by pressure. The wound had been in treatment for 14 weeks. It measured 3 cm long x 2.8 cm wide x 0.1 cm deep. No drainage was present. There was a large amount (67-100%) of necrotic tissue including eschar in the wound. The right heel wound was classified as an unstageable wound caused by pressure. The wound had been in treatment for 14 weeks. It measured 1.7 cm long x 3.1 cm wide x 0.1 cm deep. No drainage was present. There was a large amount (67-100%) of necrotic tissue including eschar in the wound. The wound was unchanged from the last time it was assessed. The treatment was to apply Betadine daily to both heel wounds.</p> <p>A care plan indicated the resident had a problem with impaired skin integrity related to pressure ulcers to both his heels and he was at risk for skin breakdown or further skin breakdown due to incontinence, diabetes mellitus, and history of wounds. Approaches included, but were not limited to, the following: 6/29/23, offloading boots to both lower extremities as the resident tolerates them.</p> <p>Physician's orders, dated 10/1/23 to 10/4/23, indicated Resident M's orders included, but were not limited to, the following orders:</p> <ul style="list-style-type: none"> a. 6/28/23, offloading boots to BLE (bilateral lower extremities) as the resident tolerates every shift 7 a.m.-3 p.m., 3 p.m.-11 p.m., and 11 p.m.-7 a.m. b. 8/16/23, betadine to the left heel once a day 11 p.m.-7 a.m. c. 8/16/23, betadine to the right heel once a day 11 			

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	<p>p.m.-7 a.m.</p> <p>There was no order written for the resident's heels or ankles to be floated with a heels-up cushion or pillows under his calves while he was in bed as ordered by the wound care treatment plan for offloading on their initial assessment on 6/28/23.</p> <p>The resident's record lacked documentation to indicate he or his representative was educated on the resident's condition, treatment options, expected outcomes and consequences if Resident M chose to refuse to have his Prevalon boots applied to both his feet.</p> <p>There was no care plan for Resident M refusing his Prevalon boots and what alternative approaches would be taken if he refused his boots.</p> <p>Resident M's Electronic Treatment Administration Record (ETAR), dated 9/01/23 to 9/30/23, indicated his orders included, but were not limited to, the following order: a. 6/28/23, offloading boots to BLE as resident tolerates every shift.</p> <p>The shifts were documented with initials in each box from 9/1/23 to 9/30/23, from 7 a.m.-3 p.m., 3 p.m.-11 p.m., and 11 p.m.-7 a.m. There were no refusals documented for any of these shifts.</p> <p>Resident M's ETAR, dated 10/1/23 to 10/4/23, indicated his orders included, but were not limited to, the following order: a. 6/28/23, offloading boots to BLE as resident tolerates every shift.</p> <p>The shifts were documented with initials in each box from 9/1/23 to 9/30/23, from 7 a.m.-3 p.m., 3 p.m.-11 p.m., and 11 p.m.-7 a.m. There were no refusals documented for any of these shifts.</p>			

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	<p>During an interview, on 10/5/23 at 1:31 p.m., the DON indicated if the boxes on the ETAR were initialed, it meant the treatment was completed.</p> <p>A current policy, titled "SKIN MANAGEMENT PROGRAM," dated 5/2022 and provided by the DON on 10/4/23 at 3:27 p.m., indicated "...Interventions to prevent wounds from developing and/or promote healing will be initiated based upon the individual's risk factors to include but not limited to the following: All residents will have a pressure redistribution mattress...Redistribute pressure (such a repositioning, protecting and/or offloading heels, etc.)...PROCEDURE FOR ALTERATIONS IN SKIN INTEGRITY-PRESSURE AND NON-PRESSURE... Treatment order will be obtained from MD/NP (Nurse Practitioner)... WHEN A RESIDENT DECLINES TREATMENTS OR INTERVENTIONS: For a resident who declines treatment the IDT (Interdisciplinary Team) or designee must discuss with the resident and/or resident representative, the resident's condition, treatment options, expected outcomes, and consequences of refusing treatment. The facility is expected to address the resident concerns and offer relevant alternatives if the resident has declined the specific treatments...."</p> <p>This Federal tag relates to Complaint IN00418345.</p> <p>3.1-40(a)(2)</p>			